

to nursing progress that “nursing is a trust, a trades-union” because nurses in self protection have held to a fixed charge; it obliterates school lines, now something of a block in professional progress, and it gives a safe and practical means of providing skilled nursing care for the great middle class.

SPECIAL FEEDING.

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By KATHARINE DEWITT

II. *Bright's disease.*—This is usually a disease of years; a complete cure is not anticipated, but a regimen must be instituted which will give the patient the greatest amount of comfort possible and the greatest aid in continuing his work. It is believed to be caused by alcoholism or improper diet. There is an over-production of uric acid, a functional derangement of the liver; the urine is of a low specific gravity and is passed in larger amounts than is normal; thirst is increased. The points aimed at in treatment are to protect the kidneys from irritation, to strengthen the heart, and to maintain the general health. In early stages of the disease much may be accomplished by dietetic treatment. As the kidneys are the chief route for the excretion of products of nitrogenous waste, foods rich in proteids must be avoided. If a purely vegetable diet is tried, the patient grows too anæmic, and the kidneys are favored at the expense of the general health.

A milk diet is resorted to occasionally—always, during acute attacks—and sometimes it is adopted as a routine measure, once or twice a year, for several weeks at a time. The kidneys are usually so much improved after such a course that some meat can be borne and the patient will grow strong faster. The quantity of milk taken daily will depend on the age and strength of the patient and the amount of exercise he is able to take. From five to seven pints a day are enough for a person confined to his house and room. This is better borne if given at three hour intervals. It is usually better not to begin the milk diet abruptly, but to gradually substitute a glass of milk for some article of food until all others have been withdrawn; and the change to a more general diet is made in like manner. Milk is deficient in carbohydrates, and if the patient loses weight on it, though otherwise it agrees, a little farinaceous food may be added in the shape of rice or bread. The mouth must be thoroughly cleansed after each feeding to prevent the bad taste and consequent disin-

clination for milk which may interfere with the success of the diet. If the patient tires of plain milk, it may be flavored in some way or given with bread or in the form of a puree. If a patient cannot assimilate milk a diet may be tried for a time of fresh vegetables, fruits and salads. In returning to general diet, the nitrogenous food should not bear a greater proportion than one to four to the non-nitrogenous. Sometimes only white meats and fish are allowed for animal food—dark meat contains more proteids, weight for weight, than white, but is often allowed if taken in proportionately smaller quantities.

Patients must be cautioned against over-eating. No alcoholic beverages are allowed. Other articles forbidden are soups meat extracts, cheese, spices, condiments, radishes, asparagus, celery and mushrooms. Eggs must be used in moderation, if at all.

III. *Diabetes*.—Diabetes is a disease whose cause and character are almost unknown. It is not a disease of the kidneys, but of the whole system. The sugar-destroying power of the body is gone, and all sugar taken into the system—also all starches, which are transformed into sugars during the digestive process—fail to be assimilated and must be thrown off by the kidneys, giving these a vast amount of extra work to do. There is a constant presence of sugar in the urine and accompanying symptoms are hunger, thirst, nervousness, and emaciation. A patient may drink from ten to fifteen quarts of water a day, when left to his own guidance, but drinking does not quench the thirst. The saliva is thick and frothy, the mouth dry. The urine is increased to two or three times the normal amount.

This is preëminently a disease to be treated by dieting, as by proper feeding the patient's life may be prolonged. Medicines have little or no effect. Half the cases of diabetes are fatal in less than three years. Some are apparently cured, but the patient must always watch his diet. The points aimed at in treatment are to maintain the patient's strength, to increase the sugar-destroying power of the body, and to avoid complications. The carbohydrates are restricted or omitted from the diet, and the amount of nourishment thus lost is supplied by other food principles. This is a difficult task, as most people obtain from one-half to three-fourths of their energy from the carbohydrates. Proteids and fats must be increased, especially the latter, as they probably do not produce sugar and proteids do, a little.

The amount of carbohydrates allowed depends on the severity of the case. There are three classes of patients: First, those who cease to have sugar in the urine when they are not taking carbohydrates, but show a return of it when these are added to the diet; second, those who can stand a small amount of carbohydrates without pro-

ducing more sugar; third, those who show traces of sugar even when on the strictest diet. The last are the severest cases. Patients are usually put for ten days, at first, upon a test diet from which all carbohydrates are excluded, taking meat, fish, eggs, green vegetables, and butter. The daily output of sugar during this time is estimated, if it ceases, known quantities of bread are added to the diet, and the urine is watched closely to see what amount can be tolerated. Every case must be treated individually; there is no diabetic diet which will apply to all. The weight in all cases must be watched; a constant loss of weight is bad. Two days must be allowed for getting the effect of any change in diet. Fat persons can stand a restricted diet better than thin ones can. Diabetics always miss bread and crave it; the tissues need it, but can not assimilate it. This is usually the article chosen if a small amount of carbohydrates are allowed. The doctor will order a certain daily allowance, perhaps from four to six ounces, and this is better given in divided portions, as that method gives greater satisfaction. Potatoes contain less starch than bread and are sometimes given instead. Fat is a very important element of the diet and must be pushed, one quarter of a pound a day being a not unusual amount. It is easier to get this down with the carbohydrates, if any are allowed; toasted bread can be heavily buttered, potatoes can be made into a puree with butter and cream. If none are allowed, the butter can be given with eggs, scrambled or fried, or on fresh vegetables, or as a sauce on fish. Salad can be given frequently with a good deal of oil. The use of an alcoholic drink with a meal helps these fats to digest.

Thompson gives the following list of foods allowed:

Proteids.—The whole animal kingdom. For a very strict diet, avoid oysters, clams, liver and sausage. Fat meat and fishes are to be preferred to lean.

Fats.—Butter, bacon, pork, eel, mackerel, sardines, salad oil, eggs, cheese, and thick cream.

Carbohydrates.—Green vegetables contain a little and may be given—asparagus, celery, rhubarb, tomatoes, vegetable marrow, cucumbers and mushrooms.

Albuminoids.—Gelatin may be used, but jellies must be made without sugar.

Milk.—Most doctors think this increases the sugar, but it is sometimes allowed for its good general effect. A kind of “diabetic milk” is sometimes prepared by putting it through a process which frees it from sugar. Cream is usually allowed; the thicker the better. Junket and kumiss are forbidden.

Breads.—Many things have been tried as a substitute for flour for diabetic breads—gluten, oily nuts, bran, etc. These are mostly expensive, unpalatable, and not very nourishing. Gluten bread does contain a little starch and the patient, feeling that it is perfectly safe, may eat too much of it.

Fruits.—These are permitted in most cases, especially sour oranges, strawberries, gooseberries, apricots and melons. Nuts are allowed.

Beverages.—Water is best. Citric acid lemonade, made with saccharin or glycerine instead of sugar, sometimes helps the extreme thirst. Cocoa is often forbidden, but contains little starch and is not very harmful. It must be made with water or diabetic milk. No malt liquors or sweet wines are given.

As diabetics suffer from hunger, and the meals are small, it is better to have them frequent. Five a day may be needed. Only two or three varieties of food are given at a time, but each meal should be satisfying and attractive. It is more important that the patient's meals be well cooked and appetizing—and therefore easy of digestion—and that the nurse use great ingenuity in making a variety, from one day to the next, from articles allowed, than that any set rules for feeding be laid down. She should always bear in mind the fact that it is easy to over-feed in chronic cases.

HOW CAN THE INDIVIDUAL NURSE MAKE STATE REGISTRATION OF VALUE ?

By MRS. EDITH BALDWIN LOCKWOOD

I was asked to read a paper on "Professional Ethics and Etiquette," and, in spite of conscientious effort, I find that paper evolving into, "How Can the Individual Nurse Make State Registration of Value?" If I can show that she does this through a knowledge and practice of professional ethics and etiquette, perhaps I shall acquit myself before my sponsors.

State registration is secured after much hard labor, and now it must be kept at a high standard to make it of value. If a registered nurse represents only mediocrity, then registration is only of mediocre value. It has often been urged that the practical or untrained nurse is just as good or better than the professional or trained nurse. If registration is to be of any value, we must individually prove this untrue. We must

* Read at a Meeting of the Graduate Nurses' Association of Connecticut.